



Black Cat holistic rescue

Adoption Application

Cat Preference (names if known) * _____

Your Name * _____

Occupation * _____

Primary Phone * _____

Alternative Phone _____

Home address* _____

City * _____ State * _____ Zip _____

E-Mail * _____

Name of Spouse/Significant Other _____

Children (with ages) _____

Age of primary caretaker(s) * _____

List additional people in household
* _____

Who will be responsible for the cat's care (Feeding, cleaning litter box, taking to vet?) _____

Has anyone in your household experienced allergies or asthma? _____

Are you prepared to care for this cat for 15-20 years? _____



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Why are you looking to adopt a cat?

Is your home a

- House
- Apartment
- Studio
- Duplex
- Condo
- Townhouse

How long have you lived at this address? _____

Do you have plans to move in the near future? _____

If yes, where to? _____

Do you rent or own your home? _____

If renting, do you have permission to have a pet? _____

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Landlord's Name _____

Landlord Phone Number _____

Do you have any of the following?

- Patio
- Balcony
- Pet Door
- Unscreened Windows
- Unscreened Doors
- Backyard

In what areas of your home will your cat be allowed? _____

Where will you keep the litter box?

How many hours of the day will your cat be left alone? _____

Where will (s)he be left when alone? _____

Will your new cat be an indoor or outdoor pet?

- Indoors
- Outdoors
- Both

If allowed outside

- Anytime
- Daytime only
- Under supervision
- On balcony/patio only
- On a leash

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- Only when cat is older
- Only if I move to a house or other location
- If both, how many hours per day will your new cat be outdoors?

Is this your first pet? _____

Do you have any other pets? _____

If yes, what kind and how many?

Dogs _____

Cats _____

Other _____

Please state the types of other pets above.

Where did you get your current pet(s)? _____

What brands of pet food do you feed your pets? _____

Please list pets you've previously owned

—

What happened to pets previously owned? _____

If deceased, what was the cause of death?

—

If you previously owned cats, were any of them declawed? _____

If yes, where was the procedure performed?

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Do you plan to declaw your new cat?

- No
- Yes
- Unsure
- Depends on behavior

If yes, why/under what circumstances? _____

Name of Current Veterinarian and/or Clinic

Vet's phone # _____

If you have other dogs or cats, are they spayed/neutered? _____

If you have cats, are their vaccinations current? _____

Have they been tested for leukemia (FeLV) and FIV? _____

What is your limit on vet expenses? _____

What is a behavior that would not be acceptable to you?

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Were you ever in a situation where you were not able to keep a pet? _____

If yes, Please Explain

I certify that all of the above information is true and accurate. I understand that if I adopt a pet from Black Cat Holistic Rescue, this document will become part of the adoption record.

Full Legal Name * (please print) _____

Signature* _____

Today's Date * _____